

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	2/27/03
2			4/14/03
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6		0	
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8	✓	✓	
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10	✓	✓	
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12	✓	✓	
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14	✓	✓	
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18	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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TAC Form 1728102